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UNITED STATES DISTRICT COURT  
 NORTHERN DISTRICT OF CALIFORNIA  
 (SAN FRANCISCO)

UNITED STATES and STATE OF  
 CALIFORNIA ex rel. DEBORAH  
 CULLEN,

Plaintiffs,

vs.

ASSOCIATION OF BEHAVIOR  
 CONSULTANTS, WILLIAM J. PALYO,  
 and DOES 1-20,

Defendants.

and

ASSOCIATION OF BEHAVIOR  
 CONSULTANTS and WILLIAM J.  
 PALYO,

Cross-Plaintiffs,

vs.

DEBORAH CULLEN,

Cross-Defendant.

Case No. 15-cv-01188-EDL

**REVISED DECLARATION OF  
 RELATOR DEBORAH CULLEN  
 IN OPPOSITION TO DEFENDANTS'  
 MOTION FOR SUMMARY JUDGMENT  
 ON *QUI TAM* COMPLAINT AND IN  
 OPPOSITION TO DEFENDANTS'  
 MOTION FOR SUMMARY JUDGMENT  
 ON DEFENDANTS' COUNTERCLAIM**

*FRCP Rule 56*

Judge: Hon. Elizabeth D. Laporte  
 U.S. Magistrate Judge  
 Date: March 6, 2019, Wednesday  
 Time: 9:00 A.M.  
 Place: U.S. Courthouse  
 450 Golden Gate Avenue  
 15th Floor, Courtroom E  
 San Francisco, CA 94102

At the March 6, 2019, hearing, the Court directed Relator's counsel to file, within 20 days, a revised Declaration of Relator Deborah Cullen, more clearly presenting the exhibits and their source. This is such revised declaration.

The undersigned, Relator Deborah Cullen, declares the following to be true, to be facts personally known to me (except when stated on information and belief, in which case I believe them to be true), and to be facts to which I am willing and competent to testify if called upon to do so:

1. (a) My name is Deborah Cullen. I am a resident of Santa Rosa, Sonoma County, California. (b) I am the whistleblower ("Relator") in this qui tam action brought on behalf of the United States pursuant to the False Claims Act and on behalf of the State of California pursuant to the California False Claims Act.

2. On pages 2 and 16 of Defendants' brief in support of their motion for summary judgment as to my *qui tam* Complaint (Dkt 99-2, p 7 and p 16 – Def Brf 2:20-21 and 15:5-9, ), Defendants represent to the Court that the filing of my *qui tam* Complaint occurred on March 16, 2015. Such representation is *untrue*. My *qui tam* complaint (Dkt 1) was filed on March 12, 2015, and my state court employment law complaint (Dkt 100-2, p 38) was filed four days later, on March 16, 2015. The fact that my *qui tam* Complaint was filed four days prior to my state court wrongful termination Complaint is a material issue in this case.

3. On page 10 of Defendants' brief in support of their motion for summary judgment as to my *qui tam* Complaint (Dkt 99-2, p 10 – Def Brf 10:9-21), Defendants assert that I stated that I failed to communicate with any government official prior to filing of complaint. This is a blatant distortion of material facts and a misuse of semantics on this issue. While I personally did not communicate directly with government counsel until after my *qui tam* Complaint was filed, my *counsel* contacted AUSA Sara Winslow at the local US Attorney's Office on February 23, 2015, via email. In addition, my counsel on or about February 23, 2015, approximately three weeks prior to the March 12, 2015, filing of my *qui tam* Complaint, provided my Confidential Disclosure Statement to the US Attorney General, the local US Attorney's Office, and the State of California Attorney General a Confidential Disclosure Statement, with a copy to me. I personally directly communicated with government officials, for the first time, on September 22, 2015 at the Relators' meeting in San Francisco.

4. On page 2 of Defendants' brief in support of their motion for summary judgment as to my *qui tam* Complaint (Dkt 99-2, p 2 – Def Brf 2:2-4), Defendants falsely assert "Cullen previously asserted and settled on her own behalf, the same claims before the State Court". The settlement in my personal state court action applied only to my causes of action for whistleblower retaliation, wrongful termination, and unpaid wages owed after Defendants did a retaliatory

1 reduction of my hourly pay rate, refused to pay wages for hours I worked, and then unlawfully  
2 terminated my caseload hours. I never ever asserted in my individual state court action any of the  
3 causes of action asserted in my *qui tam* Complaint.

4 5. Defendants made false claims to the United States and to the State of California, and  
5 other government entities in the State of California, in the form of fraudulent billing. I acquired  
6 this information solely a result of my own first-hand knowledge while an employee of ABC.

7 6. For a period of over 15 years, from my hire date in May 1999 to February 28, 2014,  
8 Defendant ABC employed me as a behavioral support specialist doing hands-on work with  
9 disabled children having special needs. During those more than 15 years, I worked client cases as  
10 a Behavior support staff under Supervisor Jody Neeson and under Alicia Panza Clark. My work  
11 with ABC entailed assignments per child lasting on average 1½ to 2 years, and such work  
12 occurred in Marin County, Sonoma County, and Napa County, California. I did such work via  
13 the North Bay Regional Center, the Novato Unified School District, the Sebastopol School  
14 District, the Santa Rosa City School District, the Sonoma County Office of Education, Rincon  
15 Valley School District, and the early preschool intervention programs, Redwood Constortium  
16 Preschool Program. I regularly and accurately submitted to ABC my hours worked, via a time  
17 sheet. ABC fired me following my discovery, on my own, of fraudulent billing of hours and  
18 expenses by ABC, and my refusal to acquiesce in such fraudulent billing. Throughout the course  
19 of my employment as with ABC, I, in the ordinary course of business, as part of my regular job  
20 duties, kept records of client case notes, client reports, client calendars, my time sheets, and  
21 payroll records. With parent permission, I retained all my documentation at the closing of each  
22 case I handled. In addition, though I was not given a manager title or manager pay, ABC, over  
23 the course of my employment, instructed me to do supervision duties, of writing client assessment  
24 reports, supervising behavior instructors designing behavior instructors' schedules, designing  
25 client programs, and collecting behavior instructors' time sheets. ABC regularly would submit  
26 invoices to government entities for payment of claims for the work of ABC behavior specialists  
27 and other employees.

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1           7. ABC's work is to "provide behavior intervention developers and behavior intervention  
2 implementers to children 3 – 21 with developmental disabilities. ABC contracts with the North  
3 Bay Regional Center, for funding tied to Social Security, MediCal, and other State of California  
4 funding. Regional Center case managers closely aligned with ABC supervisors distribute the  
5 contracts, and this is where the overstepping of funding boundaries occurred, and, on information  
6 and belief, continues to occur. On average, Defendant ABC had, and has, eight to ten staff,  
7 working approximately 870 cases a year in Sonoma, Napa, and Marin counties. A privately held  
8 company founded in 1979, ABC, on information and belief, has approximately \$7.42 million in  
9 annual revenue.

10           8. ABC consists of owner and CEO William J. Palyo, Program Directors, Program  
11 Coordinators, Program Administrators, Behaviorists/Supervisors, and Support Specialists.

12           9. Individual Defendant William J. Palyo ("Palyo"), throughout my period of  
13 employment with ABC, was, and, on information and belief, continues to be, the CEO and  
14 principal of ABC. Now a multi-millionaire, Mr. Palyo once asserted, "I raised four kids – I have a  
15 lot of integrity." A former San Francisco police officer, Mr. Palyo has two or three other police  
16 officers involved in the ABC business.

17           10. ABC is a "fee for service" company that acquires contracts through parents,  
18 insurance services, the Regional Centers, and more. ABC provides services to families receiving  
19 MediCal services for their children. Almost all of these individuals are Federal SSI and MediCal  
20 recipients. The Regional Center distributes vendor funding for individuals with disabilities,  
21 and developmental delays receiving Federal and State certification for funding. The Regional  
22 Center and Educational funding sources are block grants obtained through the State and Federal  
23 Government for these clients. Depending on the type of contract, the services are billed through  
24 the Regional Center, County Offices of Education, privately, and Medical Insurance. ABC  
25 maintains vendor services funded through the Regional Center based on the individual needs of  
26 the client. ABC over-billed these contracts with the Regional Center, insurance companies, and  
27 the respective County Offices of Education.

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11. ABC contracts with the multiple vending agencies that distribute funds under federal and state block grant programs. Several of the administrators and payroll personnel work for both ABC and the government funding agencies. Such individuals are enmeshed in the inner workings of the financial vending portion of contracts for non-profit agencies, among the Sonoma Valley School District, the Santa Rosa City School District, the Marin County Office of Education, the North Bay Regional Center, the Sonoma County Office of Education, the Napa Office of Education, the Petaluma Valley School District, the Rincon Valley School District, the Redwood Consortium, and the Sebastopol City School District.

12. ABC works within at least six different counties of California, servicing children, families, and adults with developmental delays. ABC contracts services through the Regional Centers and Offices of Education within Sacramento County, Sonoma County, Mendocino County, Solano County, San Francisco County, and Marin County.

13. There is a very high level of enmeshment of these program directors, coordinators, and administrators among the three different agencies, ABC, the Regional Centers, and Offices of Education. For example: The Napa Office of Education employs Jody Neeson in the Non-intensive preschool program, who is a Program Administrator/Behaviorist/Supervisor of ABC and receives funding for home programs from the North Bay Regional Center. The ABC administrator for payroll, Brian Clark, previously worked as a funding administrator for the North Bay Regional Center. ABC psychologists, administrators, behaviorists and regional center case workers overlapped employment within the programs.

14. ABC and Palyo, by and through their management and employees, knowingly and unscrupulously over-billed, padded hours, billed excessive mileage, billed for mileage not driven, and charged for phantom services through: individual client contracts, client respite services, group services for clients, and respite services. I learned this information through my own work, in which I discovered, through paperwork and through communications with families of the children assigned to me, that there were serious and pervasive irregularities in billing practices at ABC.

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1           15. Incident to my day-to-day work at ABC, I documented notes that included program  
2 development, client behaviors, calendar schedules, and attendance of Client participants and all  
3 ABC employees on a daily basis for each client with whom I worked. I sustained personal  
4 knowledge of all Supervisor Hours attended or not attended for each of my client cases. I  
5 sustained personal knowledge of the numerous fraudulent verifications forms my Supervisor,  
6 Alicia Panza Clark requested Client families to sign. I kept my records of time sheets, paychecks,  
7 client calendars, and daily notes for each an every client I worked with during my career at ABC.

8           16. On information and belief, Defendants' false claims to federal, state, and local  
9 government entities in the form of fraudulent billing were, as of the date of filing of my *qui tam*  
10 court Complaint, were in excess of \$1.5 million, before trebling and before application of per-  
11 incident penalties.

12           17. A few days following the filing of my *qui tam* case in US District Court, I filed an  
13 employment law court complaint in Sonoma County Superior Court, in Santa Rosa, California,  
14 alleging causes of action for wrongful termination, whistleblower retaliation, and unpaid wages.  
15 Such state court Complaint did not allege any *qui tam* causes of action, and did not seek any  
16 damages for any government entity.

17           18. At the inception of my individual and personal employment lawsuit, my counsel and  
18 I had a nearly day-long meeting with a lawyer with Defendants' counsel, Levangie Group, at such  
19 defense counsel's offices in Sacramento. At such meeting, I provided to defense counsel over  
20 10,000 pages of documents, which I explained to defense counsel and used to avail to defense  
21 counsel in extraordinary detail evidence of the billing fraud I had discovered.

22           19. CEO William Palyo, four Program Directors (Alicia Panza-Clark, Monica Edwards,  
23 Jody Neeson, and Paul Knauss), three Program Administrators (Karen Loeffler, Bryan Clark, and  
24 Marlena Palyo), and seven Supervisors (Zoe Strauss, Karen Loeffler, Jody Neeson, Paul Knauss,  
25 Debbie Groff, Monica Edwards and Alicia Panza-Clark) were fully aware of, and knowingly  
26 participated in, the billing fraud, which billing fraud extended over the entire duration of my  
27 employment, from May 1999 to February 28, 2014.  
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1           20. Several weeks after my *qui tam* case was filed, I attended an in-person day-long  
2 meeting with my attorney at the Office of the U.S. Attorney in San Francisco, representing my  
3 first direct communication with government counsel and government investigators. Present at  
4 such meeting were an Assistant U.S. Attorney, a Deputy California Attorney General, and state  
5 and federal investigators.

6           21. Once the seal my *qui tam* lawsuit was unsealed, released I proceeded to request  
7 further discovery of documentation from ABC and North Bay Regional Center, respectively. I did  
8 not gain access to any of the requested discovery documents until well after the any depositions  
9 had occurred. My answers given at my deposition on December 5, 2017, and January 17, 2018,  
10 were before completion of discovery. As of the deposition conducted on January 17, 2018, I had  
11 no opportunity to review, examine, nor access to any form of discovery I had requested. The  
12 answers to questions at my deposition were based on my personal knowledge of my cases notes,  
13 my case calendars, my personal time sheets, and check stub records. Only on January 29, 2018,  
14 did I receive the first set of discovery documents requested through Elizabeth Caleder, allegedly  
15 the NBRC PMK. Via Ms. Calder's deposition, I requested discovery documents on the payment  
16 records of NBRC to ABC. In March, 2017, I received discovery documents requested from  
17 NBRC. Despite the fact that I had had my counsel serve on ABC a request for documents  
18 regarding cases I worked, ABC did not produce such discovery in an organized or timely manner.  
19 It was October 2018 before ABC produced disorganized discovery records, via an enormous  
20 documents dump of over 10,000 to 15,000 additional documents. Such documents dump  
21 contained over 10,000 to 15,000 additional documents that I had to cross-reference with previous  
22 discovery. My review and organization of the documents in ABC's served in ABC's 11th-hour  
23 documents dump required – and continues to require – hundreds of hours of painstaking work by  
24 me.

25           22. Incident to my discovery and study of documents that corroborate my billing fraud  
26 claims, I on or about November 15, 2018, found documentary evidence that ABC and Palyo have  
27 been augmenting their billing fraud with fraudulent representation of the credentials of ABC  
28 professional staff – a very material misrepresentation, given that the conditions of participation for



1 ABC to participate in this type of work dictate certain minimum levels of credentials and  
2 licensure. ABC's standard operating procedures included gross misrepresentation employee  
3 credentials. By way of example, ABC, in 2008, submitted a Program Design under service code  
4 048 to obtain a contract to provide BCBA services paid by NBRC. These documents referenced  
5 Program Coordinators that did not have the proper BCBA license to administrate, supervise, or  
6 implement programs as represented in the report. Names of staff for whom ABC claimed false  
7 and fraudulent credentials include, but are not limited to: Michael Dyer; Alyssa Panza-Clark; Lou  
8 Sander; Michael Michael Tonjum.

9 23. The documents received from the NBRC reflect not only that Palyo billed for the  
10 services of employees who were not qualified to render such services, but also billed the NBRC  
11 for services rendered by individuals who were not actively employed by ABC.

12 24. ABC submitted verification forms for payment to NBRC that were fraudulent. ABC  
13 and Michael Dyer provided NBRC fraudulent documentation of a BCBA credential and number  
14 for the time period 2008 up to present. Michael Dyer used an invalid BCBA and non-existent  
15 credential from Florida. The NPI registration under taxonomy code 103K00000X allowed  
16 Michael Dyer and ABC to fraudulently bill for Medicare and Medicaid services. In ABC's 2008  
17 Program Design represents Michael Dyer's credentials as a "Behavior Analyst Certification Board  
18 as Board of Certified Behavior Analyst, BCBA, with #1-08-4738. EXHIBIT A1, A2, A3 & B1,  
19 B2, B3, B4.

20 25. The National Provider Registry, a NPI information database used by ABC for  
21 employee certifications. The website registry notes a disclaimer, "These credential designations  
22 will not be verified by NPS". Michael Dyer registered i this database on 3/22/2012 with the same  
23 fraudulent BCBA Florida Id# 1-08-4738 used by ABC in their Program Design written by Monica  
24 Edwards and Submitted to NBRC to obtain contracted services. Bill Palyo, Monica Edwards,  
25 Paull Knauss, and Jody Neeson were fully aware of Michael Dyer's invalid certification. EXHIBIT  
26 C1. In fact, this credential has been invalid since 2003 per BCBA credentialing requirements  
27 website; "<https://www.bacb.com/flcba/>" EXHIBIT C2

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1           26. Alicia Panza Clark represented in her resume that she has a masters degree and ABC  
2 represented that she had a Marriage and Family Therapy, MFT license. Alicia supervised all of my  
3 cases since 2011 without an MFT license. "Specialist possess a Master's or PhD degree in  
4 Behavior Analysis, Educational Psychology, Special Education, Counseling, or a related field with  
5 graduate course credit in Developmental Disabilities." EXHIBIT A2

6           27. ABC did not retain Dr. Regina Granados, Ph.D. on staff nor did provided her  
7 resume in the the 2008 Program Design. ABC did not use the services of Dr. Regina Grandos,  
8 Michael Tonjum or Lou Sandler during my employment period at ABC. EXHIBIT A1, A2, A3,  
9 A4 & A5.

10           28. I obtained documents from NBRC after Elizabeth Calder's deposition. These  
11 document demonstrate examples of verification forms ABC submitted for payment of services not  
12 rendered fraudulently using my name. I did not work with this client during January 2013 or  
13 February 2013. Refer to Authorization Code #13180768 and #1318-0766. The representative  
14 sample is the Invoice History Detail of contracted payments to ABC. This fraudulent billing  
15 resulted in payments to ABC. Exhibit D1 & D2.

16           29. In months of January 2013 and February 2013, I worked and billed far less hours for  
17 Joshua Swift than for what ABC received payment. My timesheets demonstrate the hours billed in  
18 total of 22.5 hours for January. I billed 0 hours for February and ABC billed the this case using  
19 my name. Exhibits E1 - E2. ABC billed and received reimbursement from the Regional Center  
20 under Authorization #13180766 far more hours than worked on this client case.

21           30. ABC submitted fraudulent Verification forms for Joshua Swift in January 2013 and  
22 February 2013 to NBRC using my name to obtain payment for services to the family that I did not  
23 render nor bill for. The POS, point of sale in the attachment represents the hourly payment of  
24 services for the two clients EXHIBIT F1 - F4

25           31. Paul Knauss submitted duplicate billing for services on behalf of ABC. The  
26 following timesheets NBRC received reflect that Mr. Knauss billed for the same days and hours of  
27 services on verification forms of different clients in July 2011, July 12th and 27th. Additionally, he

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submitted bills without obtaining parent signatures. This is a representative sample of what the bulk of ABC's fraudulently invoicing NBRC for payment. EXHIBITS G1-G5

32. ABC routinely billed services not rendered, padded bills with Supervisor hours, Behavior Instructor hours, and mileage. These two charts are representative examples of amount of fraudulent charges for two of my clients for the time period ABC rendered services. The POS and the chart represent the time period ABC contracted with NBRC and over-billed services. EXHIBITS H1 & H2.

### INDEX OF EXHIBITS

Exhibit A1 – A4	Pages from ABC Program Design, given to NDRC, fraudulently misrepresenting ABC's employees and ABC employee qualifications
Exhibit B1 – B4	Pages of fraudulent Verification Forms Submitted by ABC to NBRC for payment of BCBA services, using Michael Dyer's name, with a false claim that Mr. Dyer has a BCBA degree
Exhibits C1 and C2	BCBA Requirements of Certification, from the National Providers data base, showing fraudulent registration of a BCBA number 1-08-4738 for Michael Dyer, from Florida
Exhibits D1 and D2	NBRC Invoice History Detail, showing payments that ABC received from NBRC for each client, by authorization number
Exhibits E1 and E2	Cullen Time Sheets (personal time sheets that show Cullen did not work the hours for which ABC submitted forged verification forms as if they came from Cullen)
Exhibit F1 – F4	Fraudulent Verification Forms ABC submitted to NBRC with Deborah Cullen's Name Affixed NBRC Purchase Authorization showing client Authorization Code NBRC referenced in the Invoice History Detail of payments to ABC

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Exhibit G1 – G5 Program Director Paul Knauss Verification Forms reflecting double-billing of hours by Paul Knauss

Exhibits H1 – H2 Charts calculating over-billing and point-of-sale billing pay rates

#### **SOURCES AND AUTHENTICATION OF EXHIBITS**

Exhibits A1 – A4 Produced by NBRC at the deposition of Liz Calder, North Bay Regional Center ("NBRC") PMK, in response to documents request. Cullen had recognized these documents as consistent with what Cullen had seen during her employment at ABC.

Exhibits B1 – B4 Produced by ABC as part of documents dump in October 2018, without tabs, indexes, or any organization. These typewritten documents are essentially the double set of books, as Cullen handwrote all of hers, as did all the other employees similarly situated.

Exhibits C1 – C2 NPI database and Florida Behavior Analyst website Certification Committee, public records, accessed and downloaded personally by Cullen.

Exhibits D1 – D2 Produced via the NBRC deposition of Liz Calder, the NBRC PMK.

Exhibits E1 – E1 Personal time sheets submitted by Cullen to ABC for her paychecks.

Exhibits F1 – F2 Produced by NBRC in response to documents request incident to deposition of NBRC PMK.

Exhibit G1 – G5 Part of disorganized documents dump received in October 2018 from ABC.

Exhibits H1 – H2 Spreadsheet summaries prepared by Cullen, calculating Cullen's hours worked (extrapolated from Cullen's Client Calendars and Case Notes), compared to NBRC invoice history detail to client and the ABC fraudulent verification form (both obtained from NBRC documents production)

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1 EXECUTED under penalty of perjury under the laws of the United States and the State  
2 of California, at Santa Rosa, Sonoma County, California, this 26th day of March, 2019.

3  
4 */s/Deborah Cullen*

5 By:

Deborah Cullen, Relator

6  
7 [Signature on file at Bartley Law Offices.]  
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**PROOF OF SERVICE**

I declare I am employed in the County of Santa Clara, State of California, by Bartley Law Offices, 1999 South Bascom Avenue, Suite 700, Campbell, CA 95008-2205. I certify that I am over the age of 18.

I hereby certify that on today's date, I electronically filed the foregoing **REVISED DECLARATION OF RELATOR DEBORAH CULLEN IN OPPOSITION TO DEFENDANTS' MOTION FOR SUMMARY JUDGMENT ON *QUI TAM* COMPLAINT AND IN OPPOSITION TO DEFENDANTS' MOTION FOR SUMMARY JUDGMENT ON DEFENDANTS' COUNTERCLAIM** with the Clerk of the United States District Court for the Northern District of California by using the District Court's CM/ECF system. I certify that all the counsel listed below are registered CM/ECF users and that service will be accomplished by the CM/ECF system.

Michael L. Levangie, Esq., and Bryan L. Malone, Esq. Levangie Law Group 2021 N Street Sacramento, CA 95811 Tel 916-448-484999 Fax 916-443-4855 Bryan.Malone@LLG-Law.com Michael.Levangie@LLG-Law.com	Kimberly Friday, Assistant U.S. Attorney Office of the United States Attorney 450 Golden Gate Avenue, Box 36055 San Francisco, CA 94102-3495 Tel 415-436-7102 Fax 415-436-6748 KimberlyFriday@usdoj.gov
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Fax 415-703-1234  
Suneeta.Femandes@doj.ca.gov

I declare under penalty of perjury, under the laws of the United States and the State of California, that the foregoing is true and correct and that this declaration was executed on this 26<sup>th</sup> day of March, 2019, in the City of Hollister, San Benito County, California.

*/s/Daniel R. Bartley*

\_\_\_\_\_  
Daniel R. Bartley

**EXHIBIT A1 – A4**

*Diese Unterlagen sind*

© 2002  
Program Design  
Child Parent Support Behavioral Intervention Training  
Session Guide 2002  
October 2008  
Revised February 2009

1

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## Gross Misrepresentation

ABC  
Program Design  
Client Parent Support Behavior Intervention Training  
Service Code 048  
October 2008  
  
Revised: February, 2008

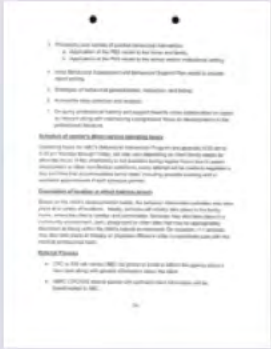




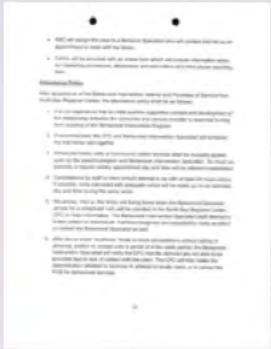
ATTACH A-ABC Pr...



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- Dr. Lou Sandler has many years working with children and adults with autism and other behavioral disabilities and their families, has numerous professional publications and has worked on effective inclusive practices for children with multiple disabilities, autism, and other more significant behavioral needs. He is also an adjunct instructor at Sonoma State University in Special Education.
- Maurice Travis, MFTI, has an excellent reputation for taking on cases with boys who are having social/ sexual issues and in need of guidance. He has extensive experience working with at risk and dual diagnosis clients.
- Alicia Panza has a degree in Marriage Family and Child Therapy and has expertise in family centered approaches to Behavioral Therapy. Her many years of experience as a preschool teacher make her uniquely qualified to develop curriculum and supervise staff in a variety of educational settings.
- Monica Edwards, in addition to her 20 years experience as a Behavior Specialist, also has advance training in Infant Mental Health and Foster children. She is on Faculty at SRJC and frequently provides training for other mental health professionals.

**Staffing ratio**

The staffing ratio for individual Behavioral Intervention shall be 1:1.

**Staff training plan**

At a minimum, all ABC staff will receive training in the following areas prior to and simultaneous with providing Behavioral Intervention services:

1. Principles of home visiting, family support, and strength-based approaches for families.
  - a. To understand that behavioral services through ABC are outcome oriented, time limited, and family focused with an emphasis on the generalization of new skills and the fading of the direct services.



ATTACH A-ABC  
Program...008.PDF

QUI TAM EXHIBITS  
2018 RE...Y .pages



Personnel:

ABC employs 12 Behavior Specialists and approximately 90 Behavior Modification Aides. Specialists possess a Master's or PhD degree in Behavior Analysis, Educational Psychology, Education, Special Education, Counseling, or a related field with graduate course credit in Developmental Disabilities. Specialists have a minimum of four years paid experience implementing and supervising applied behavior analytic programs for persons with developmental disabilities. ABC also has a Clinical Psychologist, Dr. Regina Granados, Ph.D., on staff who reviews all assessment reports and is available to assist Specialists with any problems they might encounter with program creation and implementation.

During intake each child is assessed taking into account a variety of factors to best match the family to the Behavior Specialist. ABC has an excellent reputation in the North Bay because we have very stringent hiring practices and very low staff turnover. In addition to the above qualifications each of our staff members has his or her own areas of expertise.

For example:

- Jody Nesson-Savailli had her training in DTT with UCLA Lovaas and Behavioral Intervention Associates and since 2001 has been employed by Napa County Office of Education to provide services to children with Autism in Napa County.
- Michael Dyer is a Board Certified Behavior analyst who is the director of TASS (Technical Assistance Support Services) in Sonoma County and a Behavioral Therapist for Sonoma County Head Start.



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52



53

**MICHAEL KENT DYER**  
**1420 FUNSTON DRIVE**  
**SANTA ROSA, CA 95407**  
**(707 528-0723**  
**michaelkdyer@comcast.net**

**Education and Certification**

**Education**  
University of California, Berkeley  
B.A. School of Social Work, 1980

University of San Francisco  
Master of Public Administration, 1989

**Certification**  
Behavior Analyst Certification Board  
Board Certified Behavior Analyst, 2008  
Certification #: 1-08-4738

**Experience and Background**

- Becoming Independent Inc. (Full-time: 1980-1990)
- ♦ Comprehensive Activity and Training Services, (1980-1984)  
Teacher
  - ♦ Independent Living Services, (1984-1990)  
Case Manager and Teacher

Critical Skills Seminars, (1982-1985)  
Consultant and Staff trainer: Focus of seminar was on transitioning vendored group homes and day training programs in the Redwood Coast Regional Center area from focus on developmental model of service to a functional-critical skills model of service delivery.

Oak of Hebron Inc., (part-time: 1985-1990; full-time: 1990-1995)  
Director: Provided range of residential and recreational services in licensed homes (6 homes) and independent and supported living services for over 100 adults. (Organization was initial supported living vendored for NBRC). Focus of services: Individuals with severe behavioral challenges. Organization assisted in development of comprehensive services for individual's moving directly from Developmental Centers, parental home, and group homes to living arrangements of their own in community settings. In 1995 organization had 35 employees..

C.O.R.I. (ICF-DDH), (1995-1996)  
Administrator: Provided services in organization's 6 homes.

**EXHIBIT B1 - B4**



33

Page 1 of 2

5. For Services Provided: Month 7 Year 11

[illegible]

34

35







ATTACHMENT 3C - Cullen Clie...

30



31



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State of California -Health and Human Services Agency

Department of Developmental Services

PARENTAL VERIFICATION FOR RECEIPT OF BEHAVIORAL SERVICES  
DS 5862 (6/2011)

Page 1 of 2

1. Consumer Name: [Redacted] UCI #: [Redacted]  
(First) (Last)
2. Vendor Name: ABC
3. Vendor #: PN0697 4. Vendor Phone # 575 3290
5. For Services Provided: Month 7 Year 2011

Date	Location of Service	Name & Credential of Person Providing Services	Description of Service Provided	Service Code	Start Time	End Time	Signature of Parent or Legal Guardian
7/11	Home	Michael Dyer BCBA	beh. consult	048	500	800	[Redacted]





ATTACHMENT 3C - Cullen Client Docs 2011-12.rdt.Bates copy.pdf (page 29 of 2,349)

State of California -Health and Human Services Agency

Department of Developmental Services

PARENTAL VERIFICATION FOR RECEIPT OF BEHAVIORAL SERVICES  
DS 5862 (6/2011)

Page 1 of 2

1. Consumer Name: [Redacted] (First) [Redacted] (Last) UCI #: [Redacted]
2. Vendor Name: ABC
3. Vendor #: PN0697 4. Vendor Phone # (707) 575-3290
5. For Services Provided: Month 7 Year 2011

Date	Location of Service	Name & Credential of Person Providing Services	Description of Service Provided	Service Code	Start Time	End Time	Signature of Parent or Legal Guardian
7/5	Home	Michael Dyer	assessment	018	2:00	3:00	[Redacted]
7/6		BCBA			4:00	5:00	
7/4					2:00	3:00	
7/2					10:30	11:30	
7/3					10:30	11:30	



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Year 2011

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**EXHIBIT C1 - C2**

**National Provider Identifier  
Medicare Registry that retrieves NPPES Profile  
NPIDB.org**

**Status:** **Active (Since 03/22/2012)**  
MR. MICHAEL KENT DYER BCBA

**NPI Number**  
1295001352

**Entity Type**  
Individual  
**Healthcare Provider/Organization Name**  
MR. MICHAEL KENT DYER BCBA  
**Provider Business Mailing Address**

**First Line**  
1420 FUNSTON DR  
**Second Line**

**City**  
SANTA ROSA  
**State**  
CA  
**Postal Code (Zip)**  
95407-6980  
**Country**  
US  
**Phone**  
707-528-0723  
**Fax**

**Provider Business Practice Location**

**First Line**  
1420 FUNSTON DR

## Second Line

### City

SANTA ROSA

### State

CA

### Postal Code (Zip)

95407-6980

### Country

US

### Phone

707-528-0723

### Fax

## Authorized Official

### Title or Position

### Name

### Credential

### Telephone Number

### Provider Enumeration Date

03/22/2012

### Last Updated

03/22/2012

### Is this your account?

[Edit](#) [Delete](#) [Synchronize](#)

## Detailed Information

NPI Number **1295001352** has the "**Individual**" type of ownership and has been registered to the following primary business legal name (which is a provider name or healthcare organization name) — **MR. MICHAEL KENT DYER BCBA**. Records indicate that the provider gender is "**Male**". The

enumeration date of this NPI Number is **03/22/2012**. NPI Number information was last updated on **03/22/2012**.

The provider is physically located (Business Practice Location) at:

**1420 FUNSTON DR  
SANTA ROSA, CA  
95407-6980, US**

**MR. MICHAEL KENT DYER BCBA** can be reached at his practice location using the following numbers:

**Phone: 707-528-0723**

**Fax:**

The provider's official mailing address is:

**1420 FUNSTON DR  
SANTA ROSA, CA  
95407-6980, US**

The contact numbers associated with the mailing address are:

**Phone: 707-528-0723**

**Fax:**

## Scope of Practice

The following information about the specialty of the provider is available:

#	Taxonomy Code	Taxonomy Specialty	License Number	License State
1	<u>103K00000</u> <u>X</u>	<u>Behavior</u> <u>Analyst</u>	1-08-4738	FL

## Legacy (Non-NPI) Identifiers

For crosswalk purposes, the following (non-NPI) identifiers are available for this provider:

#	Provider Identifier	Identifier Type	Identifier State	Issuer
---	---------------------	-----------------	------------------	--------

## Legacy & Proprietary Identifiers Ever Reported To NPPES

Collection of legacy and proprietary (non NPI) identifiers ever reported for this provider:

#	Provider Identifier	Identifier Type	Identifier State	Issuer
---	---------------------	-----------------	------------------	--------

## Reference NPI Information. Full replica of the CMS (NPPES) NPI record

Field Name	Value
<b>NPI</b>	<b>1295001352</b>
	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
<b>Entity Type</b>	<b>Individual</b>
	Code describing the type of health care provider that is being assigned an NPI. Codes are: <ul style="list-style-type: none"> <li>• 1 = (Person): individual human being who furnishes health care;</li> <li>• 2 = (Non-person): entity other than an individual human being that furnishes health care (for example, hospital, SNF, hospital subunit, pharmacy, or HMO).</li> </ul>
<b>Is Sole Proprietor</b>	<b>Y</b>



---

**Proprietor**

Indicate whether provider is a sole proprietor.

- A sole proprietor is the sole (the only) owner of a business that is not incorporated; that unincorporated business is a sole proprietorship.
  - In a sole proprietorship, the sole proprietor owns all of the assets of the business and is solely liable for all of the debts of the business.
  - There is no difference between a sole proprietorship and a sole proprietor; they are legally a single entity: an individual.
  - In terms of NPI assignment, a sole proprietor is an Entity type 1 (Individual) and is eligible for only one NPI (the sole proprietorship business is not eligible for its own NPI).
  - As an individual, a sole proprietorship cannot be a subpart and cannot have subparts. (See NPI Final Rule for information about subparts.)
  - A sole proprietorship may or may not have employees.
  - Often, the IRS assigns an EIN to a sole proprietorship in order to protect the sole proprietor's SSN from disclosure in claims or on W-2s. NPPES does not capture a sole proprietorship's EIN.
  - Many types of health care providers could be sole proprietorships (for example, group practices, pharmacies, home health agencies).
- 

**Provider**     **DYER**  
**Last**

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<b>Last Name (Legal Name)</b>	The last name of the provider (if an individual). If the provider is an individual, this is the legal name. This name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. (First and last names are required for initial applications.) The First, Middle, Last and Credential(s) fields allow the following special characters: ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters.
<b>Provider First Name</b>	<b>MICHAEL</b>  The first name of the provider, if the provider is an individual.
<b>Provider Middle Name</b>	<b>KENT</b>  The middle name of the provider, if the provider is an individual.
<b>Provider Name Prefix Text</b>	<b>MR.</b>  The name prefix or salutation of the provider if the provider is an individual; for example, Mr., Mrs., or Corporal.
<b>Provider Credential Text</b>	<b>BCBA</b>  The abbreviations for professional degrees or credentials used or held by the provider, if the provider is an individual. Examples are MD, DDS, CSW, CNA, AA, NP, RNA, or PSY. These credential designations will not be verified by NPS.
<b>Provider First</b>	<b>1420 FUNSTON DR</b>

<b>First Line Business Mailing Address</b>	The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".
<b>Provider Business Mailing Address City Name</b>	<b>SANTA ROSA</b>  The City name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address City name".
<b>Provider Business Mailing Address State Name</b>	<b>CA</b>  The State or Province name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address State name".
<b>Provider Business Mailing Address Postal Code</b>	<b>95407-6980</b>  The postal ZIP or zone code in the mailing address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available. This data element may contain the same information as "Provider location address postal code".
<b>Provider Business Mailing Address Country Code</b>	<b>US</b>  The country code in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address country code".
<b>Provider Business Mailing Address Phone Number</b>	<b>707-528-0723</b>

<b>Business Mailing Address Telephone Number</b>	The telephone number associated with mailing address of the provider being identified. This data element may contain the same information as "Provider location address telephone number".
<b>Provider First Line Business Practice Location Address</b>	<b>1420 FUNSTON DR</b>  The first line location address of the provider being identified. For providers with more than one physical location, this is the primary location. This address cannot include a Post Office box.
<b>Provider Business Practice Location Address City Name</b>	<b>SANTA ROSA</b>  The city name in the location address of the provider being identified.
<b>Provider Business Practice Location Address State Name</b>	<b>CA</b>  The State or Province name in the location address of the provider being identified.
<b>Provider Business Practice Location Address</b>	<b>95407-6980</b>

<b>Business Practice Location Address Postal Code</b>	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.
<b>Provider Business Practice Location Address Country Code</b>	<b>US</b>  The country code in the location address of the provider being identified.
<b>Provider Business Practice Location Address Telephone Number</b>	<b>707-528-0723</b>  The telephone number associated with the location address of the provider being identified.
<b>Provider Enumeration Date</b>	<b>03/22/2012</b>  The date the provider was assigned a unique identifier (assigned an NPI).
<b>Last Update Date</b>	<b>03/22/2012</b>  The date that a record was last updated or changed.
<b>Provider Gender Code</b>	<b>M</b>  The code designating the provider's gender if the provider is a person.

<b>Provider Gender</b>	<b>Male</b>
	The provider's gender if the provider is a person.
<b>Healthcare Provider Taxonomy Code #1</b>	<b>103K00000X</b>
	The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization.
<b>Healthcare Provider Taxonomy 1</b>	<b>Behavior Analyst</b>
	Healthcare Provider Taxonomy #1
<b>Provider License Number 1</b>	<b>1-08-4738</b>
	Certain taxonomy selections will require you to enter your license number and the state where the license was issued. Select Foreign Country in the state drop down box if the license was issued outside of United States. The License Number field allows the following special characters: ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters. DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in this section.
<b>Provider License Number State Code 1</b>	<b>FL</b>
	Provider License Number State Code #1
<b>Healthcare</b>	<b>Y</b>

re

**Provider  
Primary  
Taxono  
my  
Switch 1**

---

Primary Taxonomy:

- X - The primary taxonomy switch is Not Answered;
- Y - The taxonomy is the primary taxonomy (there can be only one per NPI record);
- N - The taxonomy is not the primary taxonomy.

Michael Dyer Info.bacb.com

bcba.com home BCBA (apply/maintain/learn more)

shows requirements

Florida Behavior Analyst Certification

BACB.com

<https://www.bacb.com/flcba/>

# FLORIDA BEHAVIOR ANALYST CERTIFICATION COMMITTEE

## Florida Certified Behavior Analysts (FL-CBAs)

In October 2003, the BACB assumed all credentialing responsibilities for former certificants of the Florida Behavior Analysis Certification Program under the Florida Department of Children and Families. This program has closed and all of its certification responsibilities and certificants have been transferred to the BACB\*. Former Florida program certificants are permitted to continue using only the following designations: Florida Certified Behavior Analyst™ and FL-CBA™.

FL-CBAs have the responsibilities of the BCBA credential and must adhere to its [ethics](#) and [maintenance](#) requirements. The FL-CBA credential is only valid in the state of Florida.



\*Credential monitored by the Florida Behavior Analyst Certification Committee.

Recertification and renewal applications  
for the FL-CBA credential are available

[FL-CBA Recertification Application](#)

**EXHIBIT D1 – D2**

Previous

Next

Zoom

Move

Text

Select

Annotate

Search

Provider #: PN0697

Name: ASSOCIATION OF BEHAVIOR

Address: CONSULTANTS INC

3808 ZIEBER ROAD

SANTA ROSA

CA 95404

Invoice Date	Invoice #	Service Mnth/Yr	Total Units	Total Amount
2013-01-25	0945286	01/2013	21681.80	100857.49

Client Name	UCI#	Auth #	Auth Dates	Total Units	Service	Sub-Code	Unit Type	Total Amount	Notes
		13181722	01/01/13-03/31/13	0.00	48	00T	RM	0.00	No Service
		13183009	01/22/13-04/30/13	0.00	48	BHV	HD	0.00	No Service
		13183009	01/22/13-04/30/13	0.00	48	SUPV	HD	0.00	No Service
		13183009	01/22/13-04/30/13	0.00	48	00T	RM	0.00	No Service
		13176159	07/23/12-07/15/13	40.00	48	BHV	HD	1757.60	
		13176159	07/23/12-07/15/13	8.00	48	SUPV	HD	592.48	
		13176159	07/23/12-07/15/13	330.96	48	00T	RM	165.48	
		13180766	11/01/12-01/31/13	21.50	48	BHV	HD	944.71	
		13180766	11/01/12-01/31/13	6.00	48	SUPV	HD	444.36	
		13180766	11/01/12-01/31/13	198.99	48	00T	RM	99.50	
		13181719	01/01/13-03/31/13	0.00	48	SUPV	HD	0.00	No Service
		13181719	01/01/13-03/31/13	0.00	48	00T	RM	0.00	No Service
		13181189	12/01/12-05/31/13	25.50	48	BHV	HD	1120.47	
		13181189	12/01/12-05/31/13	2.00	48	SUPV	HD	148.12	
		13181189	12/01/12-05/31/13	159.90	48	00T	RM	79.95	

- NBRC INVOICE HISTORY DETAIL
- NBRC 805 Invoices Combined.rdct
  - NBRC 048 Inv - combined.rdt





NBRC INVOICE HISTORY DETAIL (page 577 of 2433)									
Provider #: PN0697		Name: ASSOCIATION OF BEHAVIOR							
		Address: CONSULTANTS INC							
		3808 ZIEBER ROAD							
		SANTA ROSA							
		CA 95404							
Invoice Date	Invoice #	Service Mnth/Yr	Total Units	Total Amount					
2013-01-25	0945286	01/2013	21681.80	100857.49					
Client Name	UCI#	Auth #	Auth Dates	Total Units	Service	Sub-Code	Unit Type	Total Amount	Notes
		13180768	11/01/12-03/31/13	30.00	48	BHV	HD	1318.20	
		13180768	11/01/12-03/31/13	5.00	48	SUPV	HD	370.30	
		13180768	11/01/12-03/31/13	849.90	48	00T	RM	424.95	
		13182493	01/01/13-05/31/13	9.75	48	BHV	HD	428.41	
		13182493	01/01/13-05/31/13	6.00	48	SUPV	HD	444.36	
		13182493	01/01/13-05/31/13	188.00	48	00T	RM	94.00	
		13182794	01/01/13-07/30/13	0.00	48	BHV	HD	0.00	No Service
		13182794	01/01/13-07/30/13	0.00	48	SUPV	HD	0.00	No Service
		13182794	01/01/13-07/30/13	0.00	48	00T	RM	0.00	No Service
		13180940	11/16/12-02/28/13	4.00	48	SUPV	HD	296.24	
		13180940	11/16/12-02/28/13	66.00	48	00T	RM	33.00	
		13178550	08/15/12-02/28/13	3.50	48	SUPV	HD	259.21	
		13178550	08/15/12-02/28/13	119.00	48	00T	RM	59.50	
		13178703	09/18/12-05/13/13	37.00	48	BHV	HD	1625.78	



**EXHIBIT E1 - E2**

Hi Alicia,

Here's my hours and mileage.

Mathew

$1/4 = 4$ ,  $8 = 3$ ,  $10 = 3$ ,  $15 = 3.5$

Mathew	Hours: 13
	Mileage: 50

Joshua

$1/2 = 4$ ,  $7 = 4$ ,  $14 = 4$

Joshua	Hours: 16
	Mileage: 60

Andy

$1/2 = 2$ ,  $3 = 2$ ,  $8 = 2$ ,  $9 = 2$ ,  $10 = 2$ ,  $15 = 2$

Andy	Hours: 12
	Mileage: 65

Sam E.

$1/4 = 2.5$ ,  $7 = 2.5$ ,  $11 = 3.5$ ,  $14 = 2.5$

Sam E.	Hours: 11
	Mileage: 85

Valerie

$1/2 = 2$ ,  $3 = 2$ ,  $5 = 2$ ,  $7 = 2$ ,  $8 = 2$ ,  $9 = 2$ ,  $10 = 2$ ,  $11 = 2$ ,  $14 = 2$ ,  $15 = 2$

Valerie	Hours: 20
	Mileage: 352

Total Hours and Mileage

**72 hours total**  
**502 miles Regional Center Cases**  
**110 miles Kaiser Cases**

Deborah

Hi Alicia,

Here's my hours and mileage. My mileage total will not include the insurance cases.

Andy

1/16 = 2, 17 = 2, 22 = 2, 23 = 2, 24 = 2, 25 = 2, 29 = 2, 30 = 2, 31 = 2.5

Andy Hours: 18.5  
Mileage: 108

Joshua

1/ 22 = 3, 28 = 3.5

Joshua Hours: 6.5  
Mileage: 40

Mathew

1/18 = 3.5, 23 = 3.5, 24 = 3, 29 = 3

Mathew Hours: 13  
Mileage: 68

Sam E.

1/16 = 3, 18 = 2.5, 25 = 2.5, 30 = 3

Sam E. Hours: 11  
Mileage: 84

Valerie

1/16 = 2, 17 = 2, 18 = 2, 22 = 3, 23 = 2, 24 = 2, 25 = 2, 28 = 3, 29 = 2, 30 = 2, 31 = 3

Valerie Hours: 25  
Mileage: 418

Total Hours and Mileage

Total Hours: 74  
Total Mileage/nbr cases: 610

Deborah

**EXHIBIT F1 - F4**



PARENTAL VERIFICATION FOR RECEIPT OF BEHAVIORAL SERVICES  
DS 5862 (6/2011)

Page 1 of 2

- Consumer Name: Joshua Swift (First) ABC, inc. (Last) UCI #: 7139773
- Vendor Name: ABC, inc.
- Vendor #: PN0697
- Vendor Phone #: 707 477-3477
- For Services Provided: Month February Year 2013

Date	Location of Service	Name & Credential of Person Providing Services	Description of Service Provided	Service Code	Start Time	End Time	Signature of Parent or Legal Guardian
2/4	Home/ Community	Deborah Cullen Behavior Assistant	ABA services	048 (1)	12pm	4:30pm	<i>[Signature]</i>
2/5	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	12pm	4pm	<i>[Signature]</i>
2/8	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	1pm	4pm	<i>[Signature]</i>
2/12	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	12	4:30pm	<i>[Signature]</i>
2/15	Home/ u	Deborah Cullen Behavior Assistant	ABA services.	048 (1)	11am	2:30pm	<i>[Signature]</i>



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Folder

Office\_4  
US.dmg

all DVD

Verification Forms  
RC - S...J. 1-2013

Verification Forms  
RC - Swift J. 2013





Previous Next Zoom Move Text Select Annotate Sidebar Search

PARENTAL VERIFICATION FOR RECEIPT OF BEHAVIORAL SERVICES  
D3 5862 (6/2011)

Page 1 of 2

1. Consumer Name: Joshua Swift (First) Swift (Last) UCI # 7139773
2. Vendor Name: ABC, inc.
3. Vendor #: PN0697
4. Vendor Phone # 707 477-3477
5. For Services Provided: Month January Year 2013

Date	Location of Service	Name & Credential of Person Providing Services	Description of Service Provided	Service Code	Start Time	End Time	Signature of Parent or Legal Guardian
1/2	Home/ community	Deborah Cullen Behavior Assistant	ABA services	048 (1)	12pm	5:15pm	<i>[Signature]</i>
1/7	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	10am	5:15pm	<i>[Signature]</i>
1/10	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	2pm	4:15pm	<i>[Signature]</i>
1/14	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	10am	5pm	<i>[Signature]</i>
1/15	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	2pm	4pm	<i>[Signature]</i>
22	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	12pm	5pm	<i>[Signature]</i>
1/23	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	3pm	6:30pm	<i>[Signature]</i>
1/25	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	2pm	4pm	<i>[Signature]</i>
1/26	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	3pm	4:30pm	<i>[Signature]</i>
1/29	Home/ u	Deborah Cullen Behavior Assistant	ABA services	048 (1)	2pm	5pm	<i>[Signature]</i>

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Verification Forms NBRC - Swift J. 2013






POS - Erickson, Sam .PDF (page 2 of 18)

Previous Next Zoom Move Text Select Annotate Sidebar Search

AUTHORIZATION TO PURCHASE SERVICES

NORTH BAY REGIONAL CENTER

P.O. BOX 3360 . 10 EXECUTIVE CT., SUITE A . NAPA, CA 94558  
(707) 256-1100 FAX (707) 256-1112



1593  
1205  
1217

Page 1 of 1  
DATE: 11/13/12  
AUTHORIZATION NO: 13180766

VENDOR INFORMATION

VENDOR NO PN0697

NAME ASSOCIATION OF BEHAVIOR  
ADDRESS CONSULTANTS INC  
3808 ZIEBER ROAD  
SANTA ROSA CA 95404

PHONE 707-575-3290

CLIENT INFORMATION

CLIENT ID 7140721 BIRTH DATE 07/21/2008

NAME ERICKSON SAMUEL  
ADDRESS STACIE ERICKSON  
2175 CALISTOGA RD  
SANTA ROSA CA 95404

PHONE 707-537-7944

OFFICE INFORMATION CASEWORKER: NULL, CHRISTIE CASEWORKER I.D.: E0A

DESCRIPTION OF SERVICES			AUTHORIZED FROM - TO		
AUTHORIZATION UNITS			MAX. UNITS/MONTH	UNIT COST	MAX. AUTH. AMOUNT
BUDGET CODE	ACCOUNT CODE	MAX NO. OF MONTHS			
048 BHV	CL/PRNT/BEH INT TRNG			HRLY/CLIENT/PARENT BEH SUPPORT	
	21.50 HRS-DIR F/F ONLY/MO			11/01/12 1/31/13	
65	65020	3	21.5000	43.940	2,834.13
048 00T	CL/PRNT/BEH INT TRNG			PER MILE/TRANS CLIENT/PARENT B	
	1,000.00 ROUTE MILES			11/01/12 1/31/13	
65	65020	3	1,000.0000	.500	1,500.00
048 SUPV	CL/PRNT/BEH INT TRNG			HRLY/CLIENT/PARENT BEHAVIOR IN	
	.00 HRS-DIR F/F ONLY/MO			11/01/12 1/31/13	
65	65020	3	.0000	74.060	1,481.20

POS - Erickson, S...

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Navigation bar with icons for Previous, Next, Zoom, Move, Text, Select, Annotate, Sidebar, and Search.

Page 1 of 1

DATE: 07/23/12

AUTHORIZATION NO: 13175796

VENDOR INFORMATION

VENDOR NO PN0697  
NAME ASSOCIATION OF BEHAVIOR  
ADDRESS CONSULTANTS INC  
3808 ZIEBER ROAD  
SANTA ROSA CA 95404

CLIENT INFORMATION

CLIENT ID 7139773 BIRTH DATE 05/24/2007  
NAME SWIFT JOSHUA  
ADDRESS CELICIA AND KRISTOPHER SWIFT  
1329 GARMONT COURT  
ROHNERT PARK CA 94928

PHONE 707-575-3290

PHONE 415-827-2842

OFFICE INFORMATION

CASEWORKER: ARCIERO, STEPHANIE

CASEWORKER I.D.: SAN

DESCRIPTION OF SERVICES			AUTHORIZED FROM - TO		
AUTHORIZATION UNITS			MAX. UNITS/MONTH		
BUDGET CODE	ACCOUNT CODE	MAX NO. OF MONTHS		UNIT COST	MAX. AUTH. AMOUNT
048 BHV	CL/PRNT/BEH INT TRNG		HRLY/CLIENT/PARENT BEH SUPPORT		
	25.80 HRS-DIR F/F ONLY/MO		7/01/12 10/31/12		
65	65020	4	25.8000	42.630	3,299.56
048 SUPV	CL/PRNT/BEH INT TRNG		HRLY/CLIENT/PARENT BEHAVIOR IN		
	.00 HRS-DIR F/F ONLY/MO		7/01/12 10/31/12		
65	65020	4	.0000	71.810	1,436.20
048 00T	CL/PRNT/BEH INT TRNG		PER MILE/TRANS CLIENT/PARENT B		
	1,000.00 ROUTE MILES		7/01/12 10/31/12		
65	65020	4	1,000.0000	.480	1,920.00

Sidebar showing document thumbnails and a search bar.

Mac OS X desktop environment with dock icons for various applications and system utilities.

**EXHIBIT G1 - G5**



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ATTACHMENT 3C - Cullen Client Docs 2011-12.rdt.Bates copy.pdf (page 52 of 2349)

Previous Next Zoom Move Text Select Annotate Sidebar Search

2. Vendor Name: ABC, Inc.

3. Vendor #: PN0697 4. Vendor Phone #: 707-495-1534

5. For Services Provided: Month July Year 2011

Date	Location of Service	Name & Credential of Person Providing Services	Description of Service Provided	Service Code	Start Time	End Time	Signature of Parent or Legal Guardian
7/6	Residence	Knaus, Beh Sp	Client Parent Support	048	1900	2100	
7/13	Residence	Knaus, Beh Sp		048	1900	2100	
7/19	Residence	Knaus, Beh Sp		048	1900	2100	
7/27	Residence	Knaus, Beh Sp		048	1900	2100	
7/12	Residence	Knaus, Beh Sp		048	1530	1830	
7/13	Residence	Knaus, Beh Sp		048	1530	1830	
7/14	Residence	Traverso, Beh A		048	1530	1830	
7/16	Residence	Traverso, Beh A		048	1530	1830	
7/19	Residence	Traverso, Beh A		048	1530	1830	
7/20	Residence	Traverso, Beh A		048	1530	1830	
7/27	Residence	Traverso, Beh A		048	1530	1830	
7/28	Residence	Traverso, Beh A		048	1530	1830	
7/29	Residence	Traverso, Beh A		048	12:00	12:30	
7/29	Residence	Traverso, Beh A		048	1:00	1:30	
7/29	Residence	Traverso, Beh A		048	2:20	2:50	
7/29	Residence	Traverso, Beh A		048	3:10	3:40	
7/29	Residence	Traverso, Beh A		048	4:00	4:15	
7/29	Residence	Traverso, Beh A		048	4:30	5:15	

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Preview File Edit View Go Tools Bookmarks Window Help

ATTACHMENT 3C - Cullen Client Docs 2011-12.rdt.Bates copy.pdf (page 52 of 2349)

Previous Next Zoom Move Text Select Annotate Sidebar Search

2. Vendor Name: ABC, Inc.

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5. For Services Provided: Month July Year 2011

Date	Location of Service	Name & Credential of Person Providing Services	Description of Service Provided	Service Code	Start Time	End Time	Signature of Parent or Legal Guardian
7/6	Residence	Knaus, Beh Sp	Client Parent Support	048	1900	2100	
7/13	Residence	Knaus, Beh Sp		048	1900	2100	
7/19	Residence	Knaus, Beh Sp		048	1900	2100	
7/27	Residence	Knaus, Beh Sp		048	1900	2100	
7/12	Residence	Knaus, Beh Sp		048	1530	1830	
7/13	Residence	Knaus, Beh Sp		048	1530	1830	
7/14	Residence	Traverso, Beh A		048	1530	1830	
7/16	Residence	Traverso, Beh A		048	1530	1830	
7/19	Residence	Traverso, Beh A		048	1530	1830	
7/20	Residence	Traverso, Beh A		048	1530	1830	
7/27	Residence	Traverso, Beh A		048	1530	1830	
7/28	Residence	Traverso, Beh A		048	1530	1830	
7/29	Residence	Traverso, Beh A		048	12:00	12:30	
7/29	Residence	Traverso, Beh A		048	1:00	1:30	
7/29	Residence	Traverso, Beh A		048	2:20	2:50	
7/29	Residence	Traverso, Beh A		048	3:10	3:40	
7/29	Residence	Traverso, Beh A		048	4:00	4:15	
7/29	Residence	Traverso, Beh A		048	4:30	5:15	

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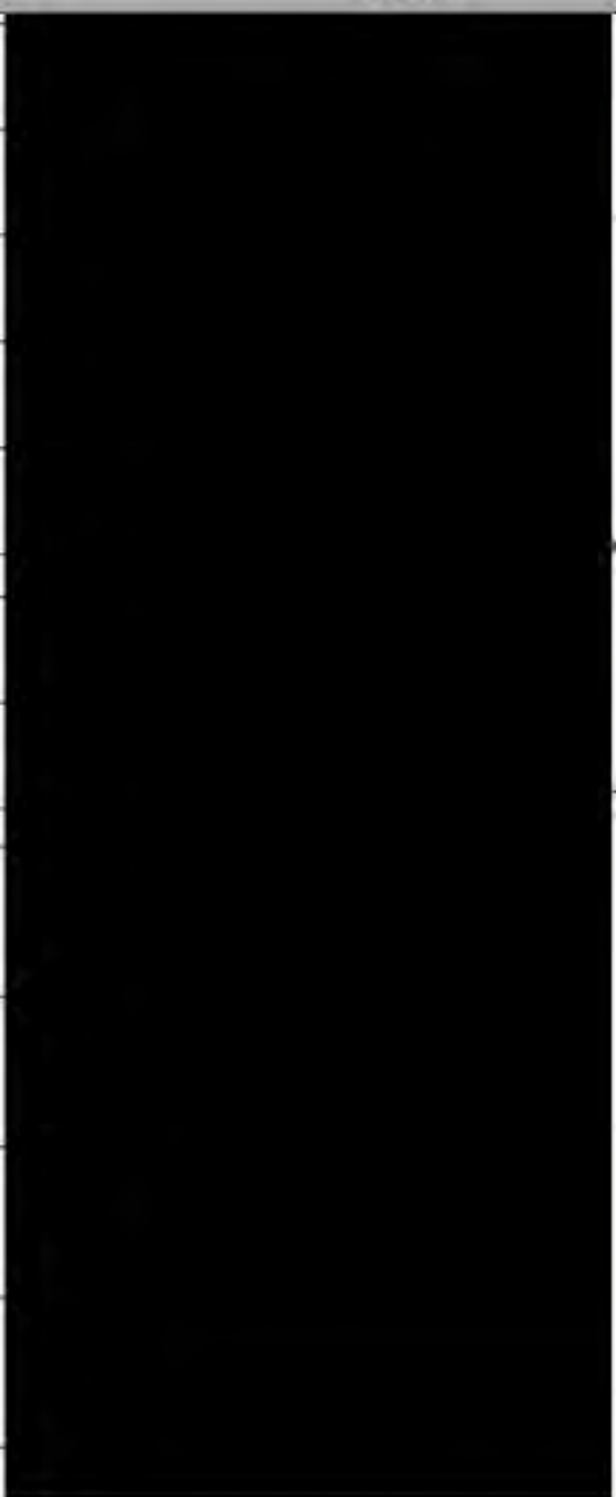
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Previous Next Zoom Move Text Select Annotate Sidebar Search

7/26	Residence	Bautista/Knaus Behavioral Asst./Beh. Spec	Client/Parent Behavioral Support	048	3:00	4:00
7/26	Residence	Kremling/Knaus Behavioral Asst./Beh. Spec	Client/Parent Behavioral Support	048	4:00	6:30
7/27	Residence	Bautista/Knaus Behavioral Asst./Beh. Spec	Client/Parent Behavioral Support	048	2:00	3:15
7/27	Residence	Kremling/Knaus Behavioral Asst./Beh. Spec	Client/Parent Behavioral Support	048	4:00	6:30
7/28	Residence	Bautista/Knaus Behavioral Asst./Beh. Spec	Client/Parent Behavioral Support	048	3:00	4:00
7/28	Residence	Kremling/Knaus Behavioral Asst./Beh. Spec	Client/Parent Behavioral Support	048	4:00	6:00
7/29	Residence	Kremling/Knaus Behavioral Asst./Beh. Spec	Client/Parent Behavioral Support	048	11:00	11:30
7/5	Residence	Knaus, Beh. Spec	Client/Parent Behavioral Support	048	4:00	6:00
7/12	Residence	Knaus, Beh. Spec	Client/Parent Behavioral Support	048	4:00	6:00
7/19	Residence	Knaus, Beh. Spec	Client/Parent Behavioral Support	048	4:00	6:00
7/29	Residence	Knaus, Beh. Spec	Client/Parent Behavioral Support	048	4:00	6:00



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**Instructions to the Vendor:** Section 4686.31 of the Welfare and Institutions Code requires any vendor who provides Behavioral Services as specified in Title 17 of the California Code of Regulations\* to submit a completed verification form to the regional center for services provided to





Previous Next Zoom Move Text Select Annotate

Search

1. Consumer Name: \_\_\_\_\_ UCI #: \_\_\_\_\_  
(First) (Last)
2. Vendor Name: ABC, Inc.
3. Vendor #: PN0697 4. Vendor Phone # \_\_\_\_\_
5. For Services Provided: Month July Year 2011

Date	Location of Service	Name & Credential of Person Providing Services	Description of Service Provided	Service Code	Start Time	End Time	Signature of Parent or Legal Guardian
7/6	Residence	Paul Knaus Beh. Spec	Client/Parent Behavioral Support	048	0700	0900	
7/13	Residence	Knaus, Beh. Spec	Client/Parent Spt	048	0700	0900	
7/20	Residence	Knaus Beh Spec	Client/Parent Spt	048	0700	0900	
7/27	Residence	Knaus Beh Spec	Client/Parent Spt	048	0700	0900	

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State of California -Health and Human Services Agency

Department of Developmental Services

**PARENTAL VERIFICATION FOR RECEIPT OF BEHAVIORAL SERVICES  
DS 5862 (6/2011)**

Page 1 of 2

1. Consumer Name: [REDACTED] UCI #: [REDACTED]  
(First) (Last)

2. Vendor Name: ABC, Inc.

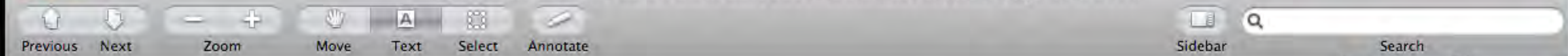
3. Vendor #: PN0697 4. Vendor Phone # 707-495-1534

5. For Services Provided: Month July Year 2011

Date	Location of Service	Name & Credential of Person Providing Services	Description of Service Provided	Service Code	Start Time	End Time	Signature of Parent or Legal Guardian
7/1	Residence	Knaus, B.S	Client/Parent Behavioral Support	048	7:00	9:00	[REDACTED]
7/8	Residence	Knaus, B.S	Client/Parent Behavioral Support	048	7:00	9:00	
7/14	Residence	Knaus, B.S	Client/Parent Behavioral Support	048	7:00	9:00	
7/27	Residence	Knaus, B.S	Client/Parent Behavioral Support	048	7:00	9:00	







**\*This applies to the following Service Codes:** 612-Behavior Analyst, 613-Associate Behavior Analyst, 615-Behavior Management Assistant, 616-Behavior Technician-Paraprofessional, 620-Behavior Management Consultant, 625-Counseling Services, 680-Tutor, 017-Crisis Team-Evaluation and Behavioral Intervention Training, 025-Tutor Services – Group, 048-Client/Parent Support Behavior Intervention Training, and 077-Parent-Coordinated Home Based Behavior Intervention Program for Autistic Children.

**Instructions to the Parents or Legally Appointed Guardians:** Please sign, date, and submit this form to your vendor within 30 days from the time the services were provided. If you are unable to sign the form, please contact your regional center service coordinator/case manager as soon as possible.

If you have any questions, please feel free to contact your regional center service coordinator/case manager.

*I verify that the Behavioral Services provided to the consumer listed on this form were provided at the location, dates, and times as shown and are true, correct, and complete.*

\_\_\_\_\_  
Name of Parent/Legally Appointed Guardian

[Redacted Signature]

\_\_\_\_\_  
Parent or Legally Appointed Guardian Signature

\_\_\_\_\_  
Date

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**EXHIBIT H1 -H2**

These two charts demonstrate the pattern of pattern of overcharging client programs for services not rendered. I cross-referenced my notes with dates ABC charged for Supervision, Behavioral Specialists, and Behavioral Instructors. Chart 1 represents overcharged hours and overcharged mileage per month at the rate issued on the Point of Sale, POS services contracted with NBRC. There are numerous incidents per month on each case. I worked over 10 cases a year during my 15 year tenure of employment. ABC demonstrated this pattern of billing for the majority of their entire caseload of contracts with NBRC.

SUPV- Supervisor	Rate- \$71.81 per hour
BHV - Behavior Instructor	Rate- \$42.63 per hour
Mileage - 00T	Rate- \$0.48 per mile

#### Joshua Swift Chart

Month/Year	SUPV	BHV	00T
6/12	6	1	
7/12	6		30
8/12	4		19.92
9/12	4		
10/12	6	2	
12/12		12	
1/13		40.75	
2/13		18.5	
<b>TOTAL</b>	<b>34</b>	<b>74.25</b>	<b>69.85 Miles</b>
<b>OVERBILLED</b>	<b>\$5,622.91</b>		

#### Samuel Erickson Chart

Month/Year	SUPV	BHV	00T
10/12	7	25.75	191.9
11/12	2	4	105
12/12	7	1	28.98
1/13	6		29.99
<b>TOTAL</b>	<b>22</b>	<b>30.75</b>	<b>355.87 Miles</b>
<b>OVERBILLED</b>	<b>\$3,061.51</b>		

1-707-542-9727

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2 / 2

**ADDENDUM TO INDIVIDUAL PROGRAM PLAN-PERSON CENTERED OBJECTIVES****NORTH BAY REGIONAL CENTER**30 Day ☐

Name: Joshua Swift Current IPP Date: 6/16/10 Addendum Date: 3/20/12 UCI#: 7139773  
 DOB: 5/24/07 CPC: Stephanie Arciero CPC Phone/Ext: 569.2017

**A) PERSONS WHO HELPED WITH THIS PLAN:** Celicia Swift, mother; Stephanie Arciero, CPC; Bryan Clark, intake coordinator ABC.

**OBJECTIVE#:** 2 **TITLE:** Family Support

**How Things Are Now:**

Joshua is a 4 ½ year old boy, with delayed and limited verbal language skills, who was made eligible for Regional Center services with a diagnosis of Autism. He lives with his parents at home in Rohnert Park. Alicia Panza-Clark and her behavior assistant, from ABC, have been working with Joshua and his family to implement an in home behavior plan. Alicia recently emailed this CPC indicating that Josh and his family are benefitting from the services and to request more hours for the behavior aide for the months of April and May. Alicia's original fade plan included a decrease in assistant support to the family beginning in April, but she feels the family is making such great progress that more hours will be a benefit to help Josh be less aggressive. This CPC will approve more hours in April and May, but less than Alicia requested to begin the fade plan for services.

**How Would You Like Them to Be?**

The planning team agrees that Joshua will benefit if he is less aggressive with others and if his family understands how to help him manage aggressive behaviors at home.

**Kinds of Support Needed:**

**POS CHANGE #12166040:** NBRC to fund more hours, of behavior assistance with ABC, NTE 30 hours/mo., for the months of April and May 2012. June hours to remain the same, per prior approval.\*

**PLEASE READ!!!**

\* NBRC has been informed, that Senate Bill 946 (SB946) requires the families of children with Autism, and private health insurance, to pursue funding for behavior services through their private health insurance effective July 1, 2012. This CPC is asking Joshua's family to contact Joshua's pediatrician at Kaiser to request funding for behavior services. NBRC will not reauthorize funding for behavior services past June 30, 2012.

**How Will You Know if Your Plan Has Worked?**

Joshua is less aggressive with others at home.

**☒ PHONE APPROVAL FOR IPP ADDENDUM OBTAINED FROM CLIENT/LEGAL REPRESENTATIVE:**

3/20/12 (Date) Celicia Swift, mother (Name of Client/Legal Representative Approving Addendum)

(Signature of NBRC Employee Obtaining Approval)

**☒ IF WRITTEN APPROVAL NOT YET OBTAINED, DATE AND SIGNATURE OF NBRC EMPLOYEE WHO MAILED ADDENDUM TO CLIENT/LEGAL REPRESENTATIVE TO OBTAIN SIGNATURE FOR WRITTEN APPROVAL:**

3/20/12 (Date) Mary M Signature of NBRC Employee

☐ DEAR CONSUMER/ LEGAL REPRESENTATIVE, PLEASE SIGN, DATE AND RETURN THIS ADDENDUM TO NBRC. YOUR WRITTEN CONSENT AS CLIENT/LEGAL REPRESENTATIVE FOR THE IPP ADDENDUM IS REQUIRED BY THE STATE. THANK YOU.

(Date)

Signature of Client/Legal Representative

CPC Signature: [Signature]

PROGRESS REVIEW TO BE DONE BY: [Signature]

Triennial IPP  
05/2013

SUPERVISOR'S SIGNATURE: [Signature]

DATE: 3/21/12

Date

SEND COPY TO:

☐ CLIENT

☒ PARENTS/CONSERVATOR/GUARDIAN

☐ PROGRAM(Specify):

☐ RSP

☒ OTHER(Specify):

ABC- Alicia Panza-Clark

NB-122b (Revised 11-08)

File under IPP section of Client's chart



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1/2

**NORTH BAY REGIONAL CENTER****PURCHASED SERVICE PLAN CONSENT FOR IMPLEMENTATION**CPC: SANRecipient of Services: Joshua SwiftUCI#: 7139773Address: C/O Kris and Celicia Swift 1329 Garmont Ct. Rohnert Park CA 94928Client BD: 5/24/07

I want NBRC to purchase the following services for myself or for the person I am responsible for.

Vendor: Association of Behavior Consultants (ABC)Service: client/parent behavior assessmentAddress: 3808 Zeiber Rd. Santa Rosa, CA 95404Phone: 707.575.3290

I understand that I can refuse this service now or any time in the future. If I choose to use this service, I understand it is my responsibility to make sure the vendor provides the service to my satisfaction. I understand that NBRC does not provide this service, it pays for it for me or the person I am responsible for. I give permission for NBRC and the vendor to share information about myself or the person I am responsible for. I understand that NBRC will tell me when this service will start and when it will end.

**CONSENT IN PERSON**

(Client's signature or mark)

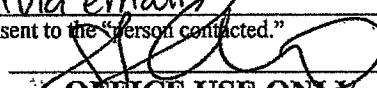
(Witness, if client signs by mark)

Parent/Guardian or Conservator's Signature

Authorized Representative Signature

**CONSENT BY TELEPHONE**Person Contacted: Celicia Swift, mother *(via email)*Phone: 415.827.2842

I have read the description of service &amp; the consent to the "person contacted."

Signature of NBRC staff member making call: Date: 3/20/12**OFFICE USE ONLY**

☐ New ☒ Change Auth.# 12163262 + hrs see spec. inst  
☐ Cancel Auth.# \_\_\_\_\_  
☐ Reauthorize Auth.# \_\_\_\_\_

**Special Instructions:**

New hours approved for BHV assistant in APRIL: 30/mo;

MAY: 30/mo. No other changes.

Joshua has Kaiser health insurance. Family will be notified of SB 946 changes to behavior services.

Emergency Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Does this purchase eliminate the need for any existing purchases? ☐ Yes ☒ No

If YES, attach Purchase Service Plan to cancel them. If "YES" ATTACH CANCELLATION

Vendor Name & Number	Service Code	Start Date	End Date	Unit Costs	# of Units
ABC PN0697	048 SUPV	01/01/12	06/29/12	\$71.81/hour	NTE 42 hours
	048 BHV	01/01/12	06/29/12	\$42.63/hour	see special inst
ABC PN0697	048 00T	01/01/12	06/29/12	.480/mi	per route mile

RESOURCES:(Check if yes) ☐ SSI☐ CCS☐ IHSS

(Payee/Application Date)

☐ MediCal☐ Champus☐ Public Assistance☐ Social Security☒ Private Insurance Co./Group No. Kaiser Permanente

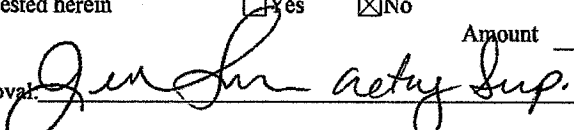
Family/Client Monthly Income \_\_\_\_\_

Number of Dependents 1**Family Participation:**Parental Reimbursement for 24-hour, out-of-home care of a minor ☐ Yes ☒ NoVoluntary contribution for the services requested herein ☐ Yes ☒ No

Acct'g. Use Only

Amount \_\_\_\_\_

Code

Director, Client Service's Designee's Approval: Date: 3/21/12

NB 103b (Rev. 3/99)